



# Houston Chapter United Ostomy Association

September 2004

Houston Chapter UOA  
PO Box 25164  
Houston, TX 77265-5164  
www.uoahouston.org

*"We help ourselves by helping others to help themselves."*

"UOA is a volunteer-based organization dedicated to providing education, information, support and advocacy for people who have had or will have intestinal or urinary diversions."

*Monthly support and information meetings are held in two locations for member convenience.*

## Central Group

Monthly: Third Monday  
Time: 7:30 p.m.  
Place: American Cancer Society Building  
6301 Richmond Avenue, Houston  
Contact: Ed Wood 281-493-5015  
(ewood6@houston.rr.com)

**Meeting: September 20, Monday evening**

**Program: Sterling Medical Representative  
& Round Table Discussion**

Jenny Jansson-Smith with Sterling Medical will be with us for a brief presentation followed by a Round Table discussion. For those who have questions, the discussion time is especially meaningful. We look forward to another well-attended meeting.

## Northwest Group

Monthly: Tuesday following the third Monday  
Time: 7:00 p.m.  
Place: NW Medical Professional Bldg. (The Cali Bldg.)  
17117 Cali Drive (This location is just off of  
1960 and West of I-45. Turn north on Cali  
Drive from 1960. At the stop sign turn left on  
Judewood and left again to park behind the Cali  
Building.)  
Contact: Bill Propst 281-320-8005 [propst@neosoft.com](mailto:propst@neosoft.com)

**Meeting: September 21, Tuesday evening**

**Program: Hollister Representative**

Be sure to join us to hear all the latest news and see the most recent products by Hollister.

## J-Pouch Group

Monthly: Third Monday  
Time: 7:30 p.m.  
Place: American Cancer Society Building  
6301 Richmond Avenue, Houston  
Contact: Ron Meisinger 281-491-8220

**Meeting: September 20, Monday evening**

**Program: Round Table Discussion**

Ulcerative colitis and the J-Pouch connection.

## Houston Chapter Annual Picnic



**Saturday  
October 16  
2:00 p.m. til ??**

**All members and guests welcome.  
See page 5 for details.**

## Patient Visiting and Support Services

**Doctors and ET Nurses please note:** Upon request from a doctor or nurse, a specially trained visitor will be sent to visit an ostomy patient before and/or after surgery. The visitor will be matched as nearly as possible according to sex, age, and type of ostomy. There is no charge for this service. The visitor does not give medical advice.

Please contact our Visitor Coordinator, Dorothy Andrews at 713-789-4049.

*We are a health support group, a non-profit, tax-exempt, organization of volunteers whose purpose is to provide mutual aid and education to persons who have ostomies and to their families. Membership fees and donations are tax deductible.*

## Chapter News

Our August program was presented by Dermatologist, Dr. Margaret Waisman. Her topic was "Skin Cancer and Skin Protection". Her slides and talk were very informative. She willingly answered many questions from those in attendance. Dr. Waisman has been a supporter of our chapter for many years and has served on our Medical Advisory Board for most of those years. We greatly appreciate her support.

The August meeting had 30 attendees. It is very encouraging to see so many at a summer meeting. We had four first time attendees: Mr. and Mrs. Bryan Washington, Stacie Nowels, and Dawn Stoker. Dawn, who had an ostomy at one time, explained her Anthropology writing project for the University of Houston and asked members for permission to include them in the project. Those who gave permission will have interviews with Dawn in the future. We were glad to see Ricky Cassel recovering from his recent surgery, and we wish him well. We hope that we helped the visitors with their concerns and questions and that they will return in September for a more lengthy round table discussion.

Chapter officers met on August 29th to consider the 2005 budget. Our major expense each year is the printing and mailing of our newsletter. Newsletter advertisers and membership dues account for most of our income. We have lost a few advertisers in the past several months which has severely impacted our budget. Fortunately, two new advertisers have joined with us which will allow continued publishing of the newsletter on a monthly basis. Most of our newsletter advertisers have also chosen to place their ads on our website.

Our Grants Coordinator, Denise Parsons, has spent a great deal of time during the past few months doing research into obtaining grant money from local organizations. Two applications have now been submitted and we should be notified by the latter part of January whether our proposals were accepted and what monies we can expect. (We are not including any grant money in our budget. We will make adjustments later if we get a positive response from our grant applications.) We owe a debt of thanks to Denise for her time and effort in developing these proposals.

As stated in a recent mailing, the local chapter will be responsible for the extra cost of mailing chapter dues notices to members. To save on additional postage expense, please promptly return your payment for dues with the first notice that our treasurer sends to you. We appreciate your loyalty as members and look forward to answering your questions and keeping you informed in the future.

We are very encouraged to have Sterling Medical Services and Marlin Medical Group joining us as advertisers. Jenny Jansson-Smith, a representative with Sterling, will be at our meeting in September to tell more

about the projects in which Sterling and our chapter will be participating. Mr. Michael Calogero, Senior Director of Clinical Services for Sterling, has initiated some proposals that have been successful in the Philadelphia chapter.

We appreciate Pat Thompson, WOCN in the Northwest Group, for continuing to give UOA information to her patients. For the past quarter, Chuck Bouse reports a number of new members were from the Northwest area. We continue to send brochures about our chapter to the WOCN's in the Houston area. Dorothy Andrews will also be giving brochures to the WOCN nursing students at M.D. Anderson Hospital. Dorothy represents UOA three or four times a year by speaking to these students about ostomies.

We continue to have many people contacting us on our website, [www.uoahouston.org](http://www.uoahouston.org). Clarice Kennedy's column, "Ask the ET", has generated questions from not only Texas, but Arkansas and Illinois. These questions are referred to Clarice for her help and advice. Frequently, I receive favorable comments from those who have viewed our website. We owe our webmaster, Juan Guerra, great thanks for his diligence in making it such a great addition to our chapter's services. This past week I received a call from a woman whose mother is an ostomate visiting from out of state. She was in need of supplies and had called different supply businesses in the yellow pages only to reach disconnected numbers. She located us on the internet and we were able to put her in touch with one of our advertisers near her home who was able to help with the supplies.

We appreciate those who continue to donate supplies to us. Ed Wood and Clarice Kennedy try to maintain an up-to-date listing of all donated supplies and match them with those who are in need. Additional help with this project would be greatly appreciated. Contact Ed Wood if you would be interested in helping maintain records for this ongoing project.

Bill and Margo Propst have graciously offered to host the Northwest Group's October Picnic at their home on October 16. All members of the Houston Chapter are invited. See page 5 for details. At the September meeting, we can discuss car pooling to make the trip to the picnic.

We were sorry to hear that Debby Hobart's mother, Betty Bishop, passed away in August. We wish Debby and her family peace and comfort during this time of loss.

I look forward to seeing all of you at the September meeting.

*Ed Wood*  
President

*"Be not too critical of others, and  
love much."*

- Julia Huxley

## ANNIVERSARY GIFT

*After seeing the following suggestion in the Tyler Chapter newsletter, it was decided to offer the same to members of the Houston Chapter.*

As you celebrate the anniversary of your ostomy surgery each year, consider making a monetary gift to the Houston Chapter UOA. A gift of \$1.00 for each year you have had your ostomy is a guideline; however, each person determines the amount, if any, he/she wishes to give. If you desire to make such a gift, make your check payable to Houston Chapter, UOA and please send it to:

Houston Chapter, UOA  
Attn: Chuck Bouse, Treasurer  
P.O. Box 25164  
Houston, TX 77265-5164

**We encourage you to bring your spouse or significant other and members of your immediate family to our meetings.**

## MEMORIAL FUND

The Houston Chapter of UOA has established a Memorial Fund. Donations can be made to the fund to memorialize or honor individuals. All donations should be made payable to the Houston Chapter of UOA and sent to:

Mary Harle  
9643 Winsome Lane  
Houston, TX 77063-3725

When sending a donation, be sure to include the name of the person being honored so that appropriate acknowledgement can be sent.

## PRESCRIPTION FOR POSITIVE LIVING

1. Look at life with a humorous view.
2. Cultivate extrovert activities.
3. Communicate with someone daily, by card, phone visit or however you are comfortable.
4. Develop a gustory sense.
5. Read something every day. (Start by looking up the definition of gustory.)
6. Pay attention to your looks and dress.
7. Try to keep up with some form of recreation.
8. Modify ambitious desires to what is possible.
9. Perform some manual work everyday, within your capabilities.
10. Sit straight and walk buoyantly.
11. Try to stay as calm as possible.
12. Find ways to keep in touch with younger people.
13. Volunteer if you can.
14. Live as if life will go on to age 100.
15. Find enjoyment in every day.

## Donation of Supplies

If you have ostomy supplies that you no longer use, please consider donating them. The Houston Chapter of UOA is contacted on a regular basis by individuals who are in need of donated supplies of all kinds. This is one way that you can assist your fellow ostomates in the Houston area. Please contact Ed Wood at 281-493-5015 with any questions.

## SOME BORROWED HINTS

- ◆ When ordering supplies by phone, call to reorder at the end of each month for the following month's order. All suppliers say they are busy the first week of the month. Also, call your supplier at non-peak hours. Mondays are usually the busiest day. Lunch time and the last hour of the business day are often the best times to reach customer service.
- ◆ When the lock is broken on the restroom door, a wad of folded tissue will sometimes hold it shut.
- ◆ A natural healing technique that calms heart irregularities, lowers blood pressure, and even relieves depression is the healing power of touch. A soothing massage or the simple act of holding someone's hand can provide real health benefits.

## ATTENTION... Ostomates and Medical Personnel

Clarice E. Kennedy, Certified Enterstomal Therapist and Immediate Past President of the Houston Chapter, UOA, is available for consultations by appointment only at Spring Branch Medical Supply at 8700 Long Point Road, Houston, Texas. Clarice is an ostomate herself and has over 30 years of knowledge and experience to share with anyone who has questions about, or needs assistance with, the care of an ostomy both prior to and following surgery. The Houston area is fortunate to have such a dedicated individual available for personal consultations. Appointments can be made by calling Clarice at 713-647-8029.

**Disclaimer:** The information contained within this newsletter is presented expressly for informational purposes only and may not be applicable to everyone. It should not be substituted for professional medical care or attention by a qualified practitioner. Always check with your doctor if you have any questions or concerns about your condition.

## EMERGENCY ROOM PRO ADVISES USE OF BRACELETS OR NECKLACES FOR ID

Via *The Austi-Mate Journal*, Austin, TX Chapter

Wallet cards containing emergency medical information may seem like a good idea to people with chronic medical conditions, but they can be useless, say medical professionals, in the very situations they are designed for.

Body worn ID, such as the emblems or pendants Medic Alert members wear, are still the safety choice, they say.

Emergency management officials and physicians say card-based systems are not likely to help if you have a medical condition that must be quickly identified in an emergency. "That is because people don't always carry wallets or purses," says Charlotte Yeh, MD, and Chief of Emergency Medicine at the New England Medical Center in Boston, "and even when they do, those items often fail to follow accident victims to emergency departments."

An even bigger reason for probable failure of wallet card-based systems is that paramedics are generally discouraged from searching wallets and purses. "Paramedics are trained to respond first to the medical emergency at hand, not to waste time looking for ID," says Angelina Mendoza of California Emergency Medical Services Authority.

In most states, finding ID can be delayed because another team member of a police officer has to be present when a wallet or purse is searched.

The safest, most reliable way to communicate medical emergency information is through body-worn ID, such as bracelets or necklaces, because they are what EMT's are trained to look for.

**It goes without saying that you should never have more children than you have car windows.**

- Erma Bombeck

## SLIP! SLOP! SLAP!

Via *Triumph*, American Cancer Society magazine

Over the past 30 years, incidence rates for melanoma, the most serious form of skin cancer, have more than doubled. The more common non-melanoma cancers are also increasing, with more than 1 million cases diagnosed yearly. The good news is that skin cancer is easy to prevent. The most important thing to remember is the American Cancer Society's slogan: "*Slip! Slop! Slap!*" **Slip** on a shirt, preferably with long sleeves and of tightly woven fabric. **Slop** on sunscreen with an SPF of at least 15 (Dermatologist, Dr. Margaret Waisman, recommends using a sunscreen with over 4% zinc oxide or 17% titanium dioxide). **Slap** on a hat with a 3-inch brim to protect your face, ears and neck.

- Seek shade between 10 a.m. and 4 p.m.
- Protect your eyes by wearing sunglasses with 99% to 100% UV absorption.
- Use of tanning beds increases your risk.

## TIPS FOR TAKING MEDICATIONS

Via *Wellness*, a Healthnet Federal Services publication

Here's some more general advice to help your medicines work as safely and effectively as possible.

- ~ Ask the doctor's or pharmacist's advice before crushing or splitting tablets: some should only be swallowed whole.
- ~ Contact the doctor or pharmacist if new or unexpected symptoms or other problems appear.
- ~ Never stop taking medication the doctor has told you to finish just because symptoms disappear.
- ~ Ask your doctor periodically to reevaluate long-term treatments.
- ~ Carefully read OTC medicine labels for ingredients, proper uses, directions, warnings, precautions, and expiration dates. Many medications contain the same ingredients. Be sure you're not taking the same drug in more than one form.
- ~ If you have questions, talk to your pharmacist or doctor before using an over-the-counter medicine the first time, especially if you use other medications.
- ~ Discard outdated medications.
- ~ Never take someone else's medicine.
- ~ Store medications in the original container, where the label identifies it and gives directions.
- ~ Never store medicine in the bathroom. Unless otherwise directed, keep it away from heat, light and moisture.
- ~ Tell your doctor if you: Are breast-feeding or are, or may be pregnant; are allergic to drugs or foods; have diabetes or kidney or liver disease; take other prescription or OTC medicines regularly; use alcohol or tobacco.

## Are You Overexposed?

YOUR SKIN CANCER RISK INCREASES IF YOU:

- Live in an area with year-round bright sunlight.
- Spend a lot of time outdoors without protective sunscreen or clothing.
- Have fair skin that freckles or burns easily.
- Have a family history of skin cancer or if you smoke.
- Had severe sunburns as a child.
- Have multiple or atypical moles.

KNOW THE 'ABCD' WARNING SIGNS OF MELANOMA:

- A Asymmetry**—half of a mole doesn't match the other half
- B Border** irregularity
- C Color** that is not uniform
- D Diameter** is growing or is larger than 1/4 inch

Examine your skin monthly. Have your physician perform a skin exam every three years if you are between 20 and 40, and annually if you are older than 40.

We will have our regular monthly meeting this month on Tuesday, September 21. There will not be a monthly meeting in October due to our annual picnic on October 16.

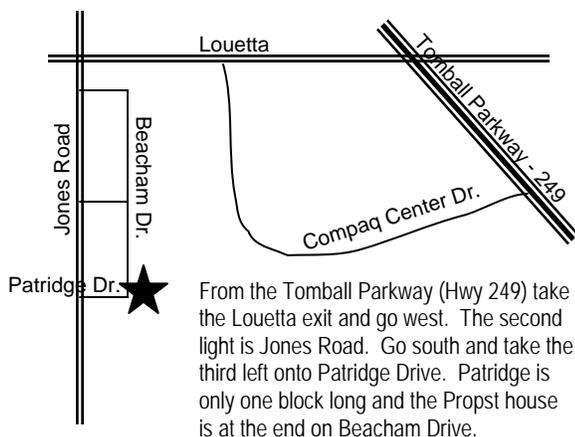
Regards,  
**Bill Propst**

**OCTOBER PICNIC**

**Date:** Saturday, October 16  
**Time:** 2:00 p.m. til ??  
 Eat about 4:00 p.m.  
**Place:** Home of Bill & Margo Propst  
 15102 Beacham Drive  
**RSVP:** Call Margo at 281-320-8005  
 to coordinate the food dishes  
 (we would not want too many  
 salads, but lots of desserts  
 are okay!) ☺

- ☉ All Chapter members and their guests are welcome.
- ☉ Entrée and drinks will be furnished.
- ☉ Please bring a dish to share.

**Map to Propst home**



*A Texas Blessing*

Bless this house, oh Lord, we cry...please keep it cool in mid-July.  
 Bless the walls where termites dine...while ants and roaches march in time.

Bless our yard where spiders pass...fire ant castles in the grass.  
 Bless the garage, a home to please...carpenter beetles, ticks and fleas.

Bless the love bugs, two by two...the gnats and mosquitoes that feed on you.  
 Millions of creatures that fly or crawl...in Texas, Lord, you've put them all!!

But this is home, and here we'll stay,  
 So thank you Lord, for insect spray.

Submitted by Joan Wertzberger

**The ABCs of Ostomy Care**

From ConvaTec's *Health & Vitality* publication

**A IS FOR ACTIVE**

How important is exercise? Not very, unless you want to avoid diabetes, heart disease, osteoporosis, stroke, or high blood pressure. Your stoma is not an excuse to sit on the couch: people with an ostomy have run marathons and climbed mountains. If you're just recovering from surgery, or haven't been active for a while, talk with your doctor to come up with a fitness plan.

**B IS FOR B<sub>12</sub>**

If you've had an ileostomy, ask your physician about testing your levels of vitamin B<sub>12</sub>. This vitamin is absorbed at the tail end of your small intestine, part of which was removed by your operation. If you're low, your doctor can give you supplements.

**C IS FOR CONVEX**

A pouching system with a convex faceplate or insert can help if you have difficulty with a short or retracted stoma. If you just need mild convexity, you can try an Eakin Cohesive® Seal.

**D IS FOR DRUGS**

Taking prescription medicine requires a bit of extra planning for ileostomy patients, since time-released or coated pills may not be properly absorbed by a shortened small intestine. Be sure to raise this issue whenever your doctor gives you a prescription.

**E IS FOR EASY DOES IT**

After your surgery, ease back into your job. Ask your employer if you can work part-time or at home for the first few weeks. Use the time to work out the details of working with an ostomy: Locate the closest private restroom, and make arrangements to keep spare pouches and a change of clothes (just in case) at your work site.

**F IS FOR FIT**

Today's lightweight, low-profile, odor-blocking pouch systems are amazing, but only if they fit properly. Be sure to measure your stoma every time you purchase new supplies, especially when you're recovering from your surgery. Also double-check the fit of your system if you lose or gain a significant amount of weight.

*(This article will be continued next month)*

## HELP FOR THOSE WHO HELP THE OSTOMATE

Excerpt from Summer 2004 OQ Magazine by Stanley R. Frager, Ph.D.

**B**eing a caregiver can play a vital role in helping get through not only the early trauma of having an ostomy, but your whole adjustment to what follows afterwards. There is often great fear and anxiety mixed with a sense of loss. Also, there can be a sense of loneliness and depression waiting for you. Fortunately, there are several steps you can take and things you can do to combat these unwanted feelings. Understanding the role of the ostomate and the caregiver will help speed along a fast and complete recovery.

The fear can be from "How am I going to live the rest of my life with 'this thing' on my stomach?" to the fear of complications that necessitated the surgery in the first place, be it cancer or whatever. There is a great apprehension about how to cope with the appliance and the embarrassment of odors and spillage. Mix in sexual concerns and depression over the whole situation and you have a complicated and often confused person at best.

Now just to add to your dilemma, you can add in financial concerns with regard to medical coverage, and the realization that your lifestyle is about to change and it almost seems overwhelming. Your first order of business is to "keep the faith" because help is on the way.

### *The Caregiver*

Once you get past the hospital adventure, the caregiver now comes on the scene to help you cope with all of the above issues. The person may have been with you through the hospital ordeal, but in the hospital there was always trained and professional staff available to be of help or get you answers. Now at home you are much more on your own and you are faced with "what to do about all of this stuff." The good news is that help is available. Ask an ET who to contact in the local UOA chapter. Somebody who has been living with an ostomy can answer all those day-to-day coping questions. Seeing somebody who is coping gives hope that life can get back to some normalcy and that there are ways of dealing with this major lifestyle change.

### *Be a Good Listener*

Being a good listener is crucial to both caregiver and ostomate. Being a good listener and having a willingness to be realistic plays a vital role in the effectiveness of a caregiver. It is OK for the caregiver to be scared like the ostomate, but take the initiative to find answers and resources. Knowledge is the great defeater of fear. Be willing to talk about all issues openly and ask a professional for advice. The key is to be open in your communication and not afraid to listen and talk about anything and everything. Get past the roadblock of a sense of powerlessness. It only brings fatigue and anger. First know that it is OK to feel these emotions and do not feel guilty about being frustrated. These kinds of emotions are normal and usually temporary.

Communication between caregiver and ostomate play an important role in getting through the hard times. Realize that both caregiver and ostomate are going the have many situations in which both of you will feel vulnerable. Know that when you are climbing a mountain together, slips and the possibility of being lost are part of the adventure.

### *Care For The Caregiver*

Learning to prioritize and delegate are very important. Prioritizing means knowing that getting help for pain medication as soon as possible and fixing an appliance take precedence over preparing a meal or doing the laundry and remember to keep "first things first." Simply asking a neighbor to run an errand or a relative to bring a necessity to the house can relieve some pressure. It is not unusual for friends and loved ones to say: "call me if you need anything," yet there is great reluctance to take the person up on the offer.

Tied into taking care of an ostomate is the need for respite time for the caregiver. There are times when you just have to get away. Just like too many long hours and no breaks will burn you out at work, so does it burn out the caregiver taking care of the ostomate. Find a way to take time out for you.

The UOA Web site at [www.uoa.org](http://www.uoa.org) has a lot of good information for the caregiver and the ostomate. Mental health and government agencies have Web sites that you will find very useful as well. That sense of being overburdened and loss of control will go away with information and a plan of action to overcome the problems facing you.

Often the caregiver is so focused on taking care of the ostomate, they forget to take care of himself or herself. Taking time for good nutrition, some simple exercise like taking a walk each day and some "time outs" are very important. Help for the helper seems so simple, but it can be so difficult. The caregiver, by taking better care of himself or herself, will be better able to take care of others.

### *"Cherished Friends"*

*God must have known there would be times  
We'd need a word of cheer  
Someone to praise a triumph  
Or brush away a tear.*

*He must have known we'd need to share  
The joy of "little things"  
In order to appreciate  
The happiness life brings.*

*I think He knew our troubled hearts  
Would sometimes throb with pain  
At trials and misfortunes  
Or some goals we can't attain.*

*He knew we'd need the comfort  
Of an understanding heart  
To give us strength and courage  
To make a fresh, new start.*

*He knew we'd need companionship  
Unselfish...lasting...true,  
And so God answered the heart's great need  
With a **Cherished Friend**...like you.*

- Author unknown

## THIS AND THAT . . .

### ***The Eyes Need It***

Eating lots of fruits and veggies is good for your heart and your waistline, but it could also keep you seeing clearer longer.

A study at the Jean Mayer USDA Human Nutrition Research Center on Aging found that women who consumed large quantities of fruits and vegetables were less likely to develop cataracts, a cloudiness of the eye lens that can obscure and obstruct vision. Women with high levels of vitamin C and E, riboflavin, folate, beta carotene and lutein had fewer instances of lens cloudiness than women who consumed lower amounts of those nutrients.

### ***When Memory Loss Is Not Normal***

Long-stored memories, such as childhood recollections, usually are not affected by aging, but your recent short-term memory, like what you ate for breakfast, can be. This is considered normal memory loss. However, if you can't remember how to do something you've always done, have trouble getting to a familiar place or repeat yourself frequently, you may need to be evaluated for a more serious problem. Depression, medication side effects or mini-strokes can all cause memory problems. Only a thorough medical evaluation can reveal what is really going on.

### ***Improve Sleep With an Exercise Habit***

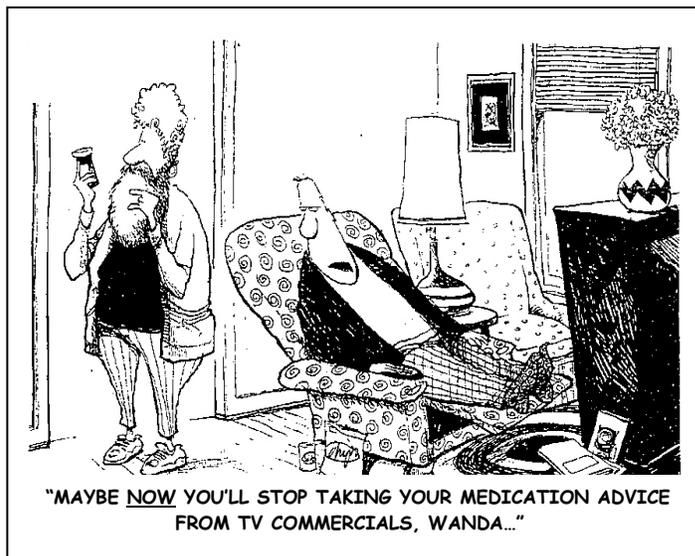
Exercise improves sleep, but not if done irregularly. Researchers at the U.S. Army Research Institute of Environmental Medicine in Natick, Mass., put seven men through a single intense exercise session consisting of aerobic and strength-training exercises at 3 p.m. and then again 30 days later. Results showed that non-habitual exercise produced less restful sleep, with more periods of waking and sleep disruption.

### ***Don't Get Tripped Up***

If you have to wear rubber-soled shoes, but are afraid of tripping since the clunky rubber toe can catch in carpeting, on steps, and in other places, replace that rubber toe with leather. You will walk much better and more confidently.

### ***Are You Obese?***

Find out by determining your body mass index (BMI) number. Go to [www.nhlbisupport.com/bmi](http://www.nhlbisupport.com/bmi) to access the BMI calculator. If your number is higher than 30, you are obese and are at risk for many health problems. As you lose weight, your BMI decreases. Aim for a BMI below 25. Get there by following a healthy eating plan that provides no more calories than what you need in a day, and increase your daily physical activity.



## FOOD FACTS AND FICTIONS

### ***The truth about common food myths***

You probably know that carrots won't give you X-ray vision and a few servings of spinach won't transform you into Popeye, but what about all those other food myths out there? Here's the lowdown on what's fact and what's fiction.

**The Story:** You need five servings of vegetables and fruits every day.

**The Truth:** Five servings of vegetables and fruits a day is the *minimum* you should be eating. Not only will it reduce your risk of cancer and heart disease, eating those vegetables can also help lower cholesterol and play a key role in weight loss.

**The Story:** Bottled water is better because it's unprocessed.

**The Truth:** About 25 percent of bottled water sold in the U.S. comes from the public water supply. So why does it taste better? Bottled water is regularly tested for compounds and contaminants that can affect flavor. If you want to know where your bottled water is coming from, visit the International Bottled Water Association's site at [www.bottledwater.org](http://www.bottledwater.org).

**The Story:** Low-fat foods help you shed pounds.

**The Truth:** Check those calories. Low-fat doesn't mean low-calorie, and eating fewer calories and being more active are the only proven ways to lose weight.

**The Story:** Pork is white meat.

**The Truth:** Actually, it's pink meat, which means it's a little like chicken and a little like beef. The secret is choosing your cut: tenderloin and loin are the leanest. A 3-ounce slice of pork tenderloin has about 160 calories and five grams of fat...a 3-ounce piece of chicken has about 140 calories and three grams of fat.

## FRIENDS OF OSTOMATES WORLDWIDE

The mission of FOW-USA, a non-profit volunteer-run organization, is to provide ostomy supplies and educational materials to help ostomates in need around the world.

FOW-USA reports that there have been eight shipments of ostomy supplies so far this year, amounting to more than 10,000 pounds of supplies. Individual shipments have been made to Argentina, Bolivia (2), Ethiopia, Indonesia, Jamaica, and Uzbekistan (2).

The Houston Chapter of UOA has been recognized as one of the many donors of supplies for the year 5/16/2003 to 5/10/2004.

An excerpt from the FOW newsletter reads, "The difference in care between USA ostomates and those in Indonesia becomes clearer when we read that the country does not produce ostomy pouches. The wife of one patient was quoted as saying, "It's very difficult to find the bags, even if you have a lot of money, as they are available only in limited quantities." Indonesian ostomates depend upon donations from countries such as the United States and Australia.

### VOCABULARY

**ARBITRATOR:** A cook that leaves Arby's to work at McDonalds.

**AVOIDABLE:** What a bullfighter tried to do.

**BERNADETTE:** The act of torching a mortgage.

**BURGLARIZE:** What a crook sees with.

**CONTROL:** A short, ugly inmate.

**COUNTERFEITERS:** Workers who put together kitchen cabinets.

**ECLIPSE:** What an English barber does for a living.

**EYEDROPPER:** A clumsy ophthalmologist.

**HEROES:** What a guy in a boat does.

**LEFTBANK:** What the robber did when his bag was full of money.

**MISTY:** How golfers create divots.

**PARADOX:** Two physicians.

**PARASITES:** What you see from the top of the Eiffel Tower.

**PHARMACIST:** A helper on the farm.

**POLARIZE:** What penguins see with.

**PRIMATE:** Removing your spouse from in front of the TV.

**RELIEF:** What trees do in the spring.

**RUBBERNECK:** What you do to relax your wife.

**SUDAFED:** Brought litigation against a government official.

### Riddle

What is greater than God, more evil than the devil, the poor have it, the rich need it, and if you eat it, you'll die?

Answer: "Nothing"

### Ileostomy Helpful Hints

Via Rose City Ostomy News, Tyler, Texas

Don't go without eating! Nausea is the result! Even at bedtime, have soda crackers and milk. It's a long time until breakfast.

Don't worry if your stool changes color at times. This can be due to the foods that you eat. Bananas will turn stool almost black. Tomatoes and beets will color it red. Some medications also affect color. So, think of any unusual foods or medications that you may have had before getting excited.

Nut fans, next time instead of peanuts, try eating the softer nuts such as pecans, cashews, walnuts, etc. They are easier to digest.

When ill with a virus and diarrhea, eat pretzels. They are a food which can be kept down, and salt is good for your liquid balance.

Don't be afraid of new foods. Do be a bit cautious with foods such as nuts, coconut, popcorn and roughage.

Itching under the faceplate may be caused by the body drying out. You may save yourself an unnecessary appliance change by drinking more fluids. Force them.

Taking two aspirins 15 minutes before removing your appliance is reported to slow gut action. Better, a few marshmallows when eaten ten minutes before changing the appliance, will slow down the activity to permit a quick change.

If diarrhea is active when you are about to put on a new appliance, an ice cube in a paper towel applied to the stoma will shock it into inactivity long enough for your change. Do not hold ice on the stoma for more than thirty seconds at a time.

### VISITOR TRAINING

The redesigned Visitor Program Training Packet which contains a new Video, updated Participant Workbook and Facilitator information has been ordered for the Houston Chapter to assist with visitor training sessions. The video and workbook were developed in four 15 minute segments covering Policies/Procedures, Ostomy 101, Psycho-social issues and Visiting skills. After each segment, there is a group exercise designed to reinforce learning. These materials will be utilized in our visitor program training class in early 2005.

## DIETARY INFLUENCES ON STOMA FUNCTION

<u>Foods that Increase odor</u>	<u>Foods that Increase gas</u>	<u>Foods that Thicken stool</u>	<u>Foods that Loosen stool</u>	<u>High-fiber foods That may cause Blockage</u>
Asparagus	Beans	Applesauce	Green beans	Dried fruit
Broccoli	Beer/carbonated soda	Bananas	Beer	Grapefruit
Brussel Sprouts	Broccoli	Cheese	Broccoli	Nuts
Cabbage	Brussel sprouts	Boiled milk	Fresh fruits	Corn
Cauliflower	Cabbage	Marshmallows	Grape juice	Raisins
Beans	Cauliflower	Pasta	Raw vegetables	Celery
Eggs	Corn	Creamy peanut butter	Prunes/juice	Popcorn
Fish	Cucumbers	Pretzels	Spicy foods	Coconut
Onions	Mushrooms	Rice	Fried foods	Seeds
Some spices	Peas	Bread	Chocolate	Coleslaw
	Radishes	Tapioca	Spinach	Chinese vegetables
	Spinach	Toast	Leafy green vegetables	Meats with casings
	Dairy products	Yogurt	Aspartame/NutraSweet	Oranges
		Bagels		